

1.) CORPORATION NAME:

DUE DATE: **9/30/2011**

PHL VARIABLE INSURANCE COMPANY

SCC ID NO: **F0416018**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CT

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PHL VARIABLE INS. CO.
ONE AMERICAN ROW

CITY/ST/ZIP: HARTFORD, CT 06102-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JOHN H BEERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/S/CCO		
ADDRESS:	ONE AMERICAN ROW		
CITY/ST/ZIP/CO:	HARTFORD, CT 06102-		
NAME:	BENITO J CUEVO, JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	ONE AMERICAN ROW		
CITY/ST/ZIP/CO:	HARTFORD, CT 06102-		
NAME:	PETER A HOFMANN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR EVP/CFO/T		
ADDRESS:	ONE AMERICAN ROW		
CITY/ST/ZIP/CO:	HARTFORD, CT 06102-		
NAME:	CHRISTOPHER M WILKOS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP/CIO		
ADDRESS:	ONE AMERICAN ROW		
CITY/ST/ZIP/CO:	HARTFORD, CT 06102-		
NAME:	PHILIP K POLKINGHORN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SENIOR EVP		
ADDRESS:	ONE AMERICAN ROW		
CITY/ST/ZIP/CO:	HARTFORD, CT 06102-		

NAME:	EDWARD W. CASSIDY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE AMERICAN ROW		
CITY/ST/ZIP/CO:	HARTFORD, CT 06102-		
NAME:	JAMES D. WEHR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	ONE AMERICAN ROW		
CITY/ST/ZIP/CO:	HARTFORD, CT 06102-		
NAME:	JOHN R. FLORES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	ONE AMERICAN ROW		
CITY/ST/ZIP/CO:	HARTFORD, CT 06102-		
NAME:	BYRON B. FRANK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	ONE AMERICAN ROW		
CITY/ST/ZIP/CO:	HARTFORD, CT 06102-		
NAME:	MICHAEL E. HANRAHAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	ONE AMERICAN ROW		
CITY/ST/ZIP/CO:	HARTFORD, CT 06102-		
NAME:	ABBIE N. MCDERMOTT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	ONE AMERICAN ROW		
CITY/ST/ZIP/CO:	HARTFORD, CT 06102-		
NAME:	THOMAS M. BUCKINGHAM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SENIOR VP		
ADDRESS:	ONE AMERICAN ROW		
CITY/ST/ZIP/CO:	HARTFORD, CT 06102-		
NAME:	JEANIE G. GAGNON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECOND VP		
ADDRESS:	ONE AMERICAN ROW		
CITY/ST/ZIP/CO:	HARTFORD, CT 06102-		
NAME:	ANDREW S. GREENHALGH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECOND VP		
ADDRESS:	ONE AMERICAN ROW		
CITY/ST/ZIP/CO:	HARTFORD, CT 06102-		
NAME:	JOHN V. LAGRASSE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXECUTIVE VP		
ADDRESS:	ONE AMERICAN ROW		
CITY/ST/ZIP/CO:	HARTFORD, CT 06102-		

NAME:	ROBERT J. LOMBARDI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	ONE AMERICAN ROW		
CITY/ST/ZIP/CO:	HARTFORD, CT 06102-		
NAME:	THOMAS J. MCCABE, JR.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECOND VP		
ADDRESS:	31 TECH VALLEY DRIVE		
CITY/ST/ZIP/CO:	EAST GREENBUSH, NY 12061-		
NAME:	WILLIAM HAYWARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	31 TECH VALLEY DRIVE		
CITY/ST/ZIP/CO:	EAST GREENBUSH, NY 12061-		
NAME:	JOHN T. MULRAIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP & ASST SECY		
ADDRESS:	ONE AMERICAN ROW		
CITY/ST/ZIP/CO:	HARTFORD, CT 06102-		
NAME:	KATHLEEN A. MCGAH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP & ASST SECY		
ADDRESS:	ONE AMERICAN ROW		
CITY/ST/ZIP/CO:	HARTFORD, CT 06102-		
NAME:	SUSAN L. GUZZELLI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	2VP & ASST TREA		
ADDRESS:	ONE AMERICAN ROW		
CITY/ST/ZIP/CO:	HARTFORD, CT 06102-		
NAME:	EDWARD J. NOVAK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECOND VP		
ADDRESS:	ONE AMERICAN ROW		
CITY/ST/ZIP/CO:	HARTFORD, CT 06102-		
NAME:	GINA C. O'CONNELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SENIOR VP		
ADDRESS:	ONE AMERICAN ROW		
CITY/ST/ZIP/CO:	HARTFORD, CT 06102-		
NAME:	DANA PEDERSEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECOND VP		
ADDRESS:	ONE AMERICAN ROW		
CITY/ST/ZIP/CO:	HARTFORD, CT 06102-		
NAME:	DAVID R. PELLERIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SENIOR VP		
ADDRESS:	ONE AMERICAN ROW		
CITY/ST/ZIP/CO:	HARTFORD, CT 06102-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALETHA PRANKUS DIRECTOR, TO ONE AMERICAN ROW HARTFORD, CT 06102-	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ZAFAR RASHID SENIOR VP ONE AMERICAN ROW HARTFORD, CT 06102-	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NEAL R. REGELS DIRECTOR ONE AMERICAN ROW HARTFORD, CT 06102-	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ JOHN H BEERS		JOHN H BEERS, VP/S/CCO		8/16/2011	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		PRINTED NAME AND CORPORATE TITLE		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					